



REQUEST FOR APPLICATIONS

Consent Management for HIE Grant

Open Date: February 24, 2020

Close Date: March 25, 2020



Department of Health Care Finance
441 4th St. NW, Suite 900S
Washington, DC 20001
TEL: (202) 442-5988

LATE APPLICATIONS WILL NOT BE ACCEPTED

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Section I: Funding Opportunity Description

A) Background

The mission of the Government of the District of Columbia's (DC) Department of Health Care Finance (DHCF) is to improve the health outcomes of District residents by providing access to comprehensive, cost effective, and quality healthcare services. As the single State Medicaid Agency, DHCF administers the Medicaid program and the State Child Health Insurance Program (CHIP). DHCF also administers the locally-funded Healthcare Alliance Program (Alliance). Through these programs, DHCF provides health care services to children, adults, elderly and persons with disabilities who have low-income. Over 250,000 District residents (more than one-third of all residents) receive health care coverage through DHCF's Medicaid, CHIP, Alliance and Immigrant Children programs. DHCF strives to provide access to health care services in the most appropriate and cost-effective settings possible.

Stakeholder engagement conducted during the development of the District's 2018 State Medicaid Health IT Plan (SMHP) revealed that the District's behavioral health provider community sees a significant opportunity to improve care facilitated through the use of electronic health records (EHRs) and health information exchange (HIE). In addition, exchanging behavioral and physical health information in order to integrate care across treating health providers is perceived to be beneficial. While progress has been made to appropriately exchange mental health information among District providers, substance use disorder (SUD) information is subject to regulations that require patient consent prior to the disclosure of information. The SMHP also identified that providers and patients find consent exchange policies related to behavioral health confusing, which may impact continuity and quality of whole-person care.

In the past two years, the District has made great strides to improve access and use of pertinent health information needed to diagnose and treat Medicaid beneficiaries via HIE. The District has made substantial investments in Health IT via the Health Information Technology for Economic and Clinical Health (HITECH) Act funding to facilitate physical and behavioral health integration. In addition, the publication of the 21st Century Cures Act of 2016 presents opportunities to give consumers more options for getting to and using health information through the Act's specific provisions promoting interoperability and consumer engagement.

In 2018, the District adopted changes to the [DC Mental Health Information Act](#) (D.C. Law 22-244), which enables DHCF to exchange mental health information among treating providers so long as the treating behavioral health provider offered the patient notice of the intent to exchange their information and the opportunity to opt out. The one remaining domain of personal health information needed to achieve parity among provider types participating in the DC HIE is substance use data, which is protected by 42 CFR Part 2.

Due to 42 CFR Part 2 protections, incorporating SUD information into the emerging health data ecosystem in the District is only possible if substantial improvements are made to the District's consent management process. The District now has an opportunity to make substantial improvements in consent management by designing, developing, and implementing a robust consent management solution that is built upon the District's existing HIE infrastructure.

In September 2019, the Centers for Medicare and Medicaid Services (CMS) awarded DHCF \$4.6 million for its proposal *Supporting Provider Capacity to Deliver High Quality Substance Use Treatment and Recover Services in the District of Columbia*. The goal is to enhance provider capacity to diagnose, treat and provide supportive services to individuals with SUD as part of DHCF's effort to deliver whole person care. This planning grant will support behavioral health practice transformation by:

1. Conducting a comprehensive needs assessment of Medicaid provider capacity to diagnose and treat SUD;
2. Providing education and technical assistance among Medicaid providers to build provider capacity to treat individuals with SUD in community settings; and
3. Supporting infrastructure to enable:
 - a. structured communication and referrals with District behavioral health providers;
 - b. e-consult and telemedicine tools to provide access to addiction specialists on-demand who can support Medicaid providers; and
 - c. development of consent management tools to facilitate appropriate exchange of 42 CFR part 2 data.

The grant's objectives complement the District's *Live. Long. DC. Opioid Strategic Plan* (<https://dbh.dc.gov/publication/live-long-dc>) and the November 2019 CMS approval of the District's Medicaid Section 1115 Behavioral Health Transformation Demonstration (<https://dhcf.dc.gov/1115-waiver-initiative>). This Demonstration will allow the District's Medicaid program to pay for services provided to adults with serious mental illness (SMI)/serious emotional disorder (SED) or substance use disorder (SUD) by an institution for mental disease (IMD). The waiver will add new community-based services designed to improve behavioral health treatment capacity and strengthen transitions from emergency, inpatient and residential treatment.

The District will leverage these new authorities under the Behavioral Health Transformation Demonstration to provide a more comprehensive continuum of behavioral health services for Medicaid beneficiaries and support the District's transition to a healthcare system that provides whole person care. The implementation of the Demonstration accelerates the need for a

system that allows user-friendly capture of patient consent to enable timely exchange of sensitive health information among providers involved in a patient's care.

This funding opportunity (DHCF-Consent Management Solution 2020) is intended to enable a qualified organization to build on previous public and privately funded HIE infrastructure to efficiently and effectively collect patient consent to exchange behavioral health data, including 42 CFR Part 2 information on SUD, via HIE. DHCF believes that behavioral and physical health information, including information protected by 42 CFR Part 2, can be exchanged in a way that provides a patient with coordinated and integrated care. This exchange of information can be achieved while also following applicable laws and respecting the patient's right to privacy. Developing an effective consent management solution supports DHCF's strategic priorities, including a focus on delivering whole person care, and better integrating physical and behavioral health. In order to facilitate this priority, providers and residents must clearly understand their privacy and security rights and responsibilities, and Medicaid beneficiaries must be empowered to control the flow of their health information.

B) Program Description

The purpose of this program is to design, develop, and implement a consent management solution that enables the exchange of behavioral health information, including substance use disorder (SUD) data protected by 42 CFR Part 2, among organizations participating in the DC HIE, a statewide, interoperable system of registered and designated HIE entities.

The consent management solution should allow entities participating in the DC HIE to support Medicaid beneficiaries' ability to create, manage, sign, and revoke 42 CFR Part 2 compliant consent. The applicant shall also provide tailored workflow analysis, training, and implementation support so that HIE participants can adopt consent management tools.

The program shall accomplish four objectives to implement a consent management solution:

- 1) Plan and Gather Technical Requirements – Identify technical requirements and options to develop a consent management solution for SUD information that is responsive to stakeholder needs;
- 2) Review, Recommend, and Select Consent Management Solution – Review approaches to consent management that fulfill the technical requirements and recommend a consent management solution for DHCF approval that meets defined technical requirements, specific key principles, and features;
- 3) Implement Consent Management Solution – implement a scalable consent management solution with a subset of provider entities treating SUD; and

4) Engage Stakeholders to Meet Ongoing Needs and Expectations – Work closely with end users of the solution and other stakeholders including DHCF, District agencies, and other regional projects supporting HIE and behavioral health. At a minimum, the consent management solution must support the existing DC consent model for sharing SUD.

Objective #1: Plan and Gather Technical Requirements to Develop a Consent Management Solution for Behavioral Health

1. The grantee shall gather technical requirements and stakeholder priorities to select a technical solution for consent management. This process shall include technical research and requirements gathering, summarizing consent management best practices to inform the selection, and implementation of a solution.
2. The grantee shall assess current workflow processes for collecting consent through:
 - a. Conducting a minimum of ten (10) site visits with District providers in order to complete a workflow assessment, including:
 - i. Adult Substance Abuse Rehabilitative Service (ASARS) providers
 - ii. Federally-Qualified Health Centers
 - iii. Medication-Assisted Treatment (MAT) Providers
 - iv. Institutes of Mental Disease
 - v. Primary care providers
 - vi. DBH-certified Community Service Providers
 - vii. Hospital-Based and Affiliated Providers and Social Workers
 - b. These site visits will inform the design of system to collect consent in different provider settings at which beneficiaries diagnosed with SUD may receive treatment. The grantee may select providers for the workflow assessment from a group of providers receiving technical assistance from a separate DHCF contract titled, *Integrated Care Technical Assistance Contract*. The grantee shall employ best practice methods for workflow assessment and principles of user-centered design;
 - c. Analyzing a prospective user's current state end-to-end workflow and designing new workflows consistent with principles of user-centered design.

Objective #2: Review, Recommend, and Select Consent Management Solution – Identify a Consent Management Solution, for DHCF Approval, that Meets Specific Key Principles, Requirements, and Features

1. The grantee shall review a range of consent management solutions that could meet the technical requirements outlined in Objective 2.
2. Based on evaluation of potential consent management solutions, the grantee shall propose to DHCF, via a memo, a consent management solution that:
 - a. Meets the following key principles of consent management:

- i. Ensure the privacy and security of patient data;
 - ii. Promote scalability and sustainability of the solution;
 - iii. Design features to optimize participation;
 - iv. Promote integration of physical, behavioral health, and social needs; and
 - v. Enable patient control (autonomy and specificity of consent).
- b. Meets, at a minimum, the following initial requirements:
 - i. Complies with 42 CFR Part 2;
 - ii. Requires providers to obtain consent from the patient or from an individual authorized to provide consent on behalf of the patient before sharing or requesting access to any SUD or protected patient information within the HIE;
 - iii. Ensures authorized information is only shared with the entities specified in the patient consent;
 - iv. Provides flexibility to amend or edit consent subsequent to initial consent collection and storage;
 - v. Utilizes current technical standards, such as Fast Healthcare Interoperability Resources (FHIR) query-based protocols, to the extent feasible; and
 - vi. Supports and enhance existing DC model for sharing 42 CFR Part 2 data.
- c. Incorporates key features including:
 - i. Interaction: Describe how providers and patients will interact with the consent management solution, such as collecting informed consent, accessing consent, or using consent to access records.
 - ii. Authentication: Describe how user access to the solution will be provided, managed, and interact in the context of consent to provide, edit, and request consent through a simple user-friendly, and efficient process.
 - iii. Authorization: Describe how, once access is provided, the application will apply logic to determine which users can perform certain functions and which roles are able to access 42 CFR Part 2 restricted versus non-restricted data.
 - iv. Storage: Describe how SUD data will be stored, including protocols for managing consent meta-data, and the best practices and platforms for doing so, while ensuring compatibility with existing HIE infrastructure in the District.
 - v. Data Exchange: Define exchange protocols and mechanisms that the consent management solution will manage, including a description of

- how the solution will utilize current technical standards, such as FHIR query-based protocols.
- vi. Scalability: The grantee shall ensure the solution is scalable enough to adapt to data exchange for a range of provider types and other types of sensitive health-related information (i.e. mental health, school-based, sexually transmitted infection (STI)).
3. The grantee shall select a consent management solution, as approved by DHCF, that will be integrated into the existing DC HIE infrastructure.

Objective #3: Implement Consent Management Solution – Implement a Scalable Consent Management Solution with a Subset of Medicaid Provider Entities

1. Grantee shall implement the consent management solution with at least one (1) of the provider entity types listed below and a minimum of ten (10) total provider entities representing a range of sites treating SUD, including:
 - a. Adult Substance Abuse Rehabilitative Service (ASARS) providers
 - b. Federally-Qualified Health Centers
 - c. Medication-Assisted Treatment (MAT) Providers
 - d. Institutes of Mental Disease
 - e. Primary care providers
 - f. DBH-certified Community Service Providers
 - g. Hospital-based and affiliated providers and social workers
2. The grantee shall undertake a process to optimize technical performance and practice workflow using the consent management solution, particularly for SUD diagnosis and treatment. This process should include:
 - a. Checking that the technical solution satisfies the key principles and features for consent management, as well as addresses specific requirements, needs and expectations captured in Objectives 1 and 2;
 - b. Conducts user acceptability and convenience testing;
 - c. Integrates the consent management solution workflow developed by the grantee without significant disruption to the provider's existing workflow.
3. Grantee shall streamline patient-provider workflows and resolve any unexpected technical issues. This will include the following activities:
 - a. Training of staff – educate providers on the appropriate use of the system and how to adapt their existing workflows to use the consent management solution, including sharing 42 CFR Part 2 data via the HIE; and
 - b. Guidance on governance principles and resources to equip users with the knowledge and skills needed to build trust and maximize use of the tool.

Objective #4: Engage Stakeholders to Meet Ongoing Needs and Expectations – Close coordination with end users of the system and other stakeholders including DHCF, Managed Care Organizations, District agencies, and other government projects supporting HIE and behavioral health.

1. Grantee shall develop and execute a formal communication plan that engages diverse stakeholders and aims to build trust among the Medicaid community, including behavioral health providers. The communication plan will outline how the grantee will:
 - a. Engage the behavioral health provider community to actively participate in data exchange and consent management solution development;
 - b. Engage stakeholders to inform the development of the technical capabilities and policy considerations for the tool;
 - c. Develop an advocacy/awareness campaign with a focus on reinforcing consumer education and training on consent management; and
 - d. Conduct stakeholder outreach regarding privacy and security safeguards and develop trust in technology and workflows.
2. Grantee shall engage the HIE Policy Board's subcommittees to provide subject matter expertise to the project and to address issues relating to consent management.
 - a. Draft a written privacy and security framework or policy that gives consumer control of their electronic health information, builds trust, and promotes participation.
3. Grantee shall ensure that there is clear and accurate understanding among health system stakeholders of 42 CFR Part 2 requirements.

C) Program Benefits

Exchanging SUD data among organizations participating in the DC HIE will support the District's effort to transform the behavioral health system by integrating physical and behavioral health information to improve diagnosis and treatment of SUD. The consent management solution will enable District residents to have the autonomy to direct the exchange of their own health information. Doing so supports DHCF's strategic priority to build a health system that provides whole person care. This effort is the first step in developing a future state of health information exchange that leverages a mature consent management solution to empower patients and those providing care to exchange health and health-related information whenever and wherever needed.

D) Purpose of RFA

The purpose of this RFA is to solicit application from eligible organizations to select a grantee for the Consent Management for HIE Grant.

E) Key Dates and Information (needs editing)

RFA release	Monday, February 24, 2020
Pre-application meeting	Monday, March 2, 2020 2:00 to 3:00 p.m. 441 4 th St., NW 10 th Floor, Main Street Room 1028 Washington, DC 20001
Deadline to submit written questions to deniz.soyer@dc.gov	Friday, March 6, 2020 By 4:00 p.m., Eastern
Answers to questions available at https://dhcf.dc.gov/page/dhcf-grant-opportunities	On or before Monday, March 16, 2020
Application due	Wednesday, March 25, 2020 By 4:00 p.m. Eastern
Award announcement (expected)	Thursday, April 30, 2020
Grant start and end dates	Award date to March 29, 2021

Section II: Award Information

The total amount of funds available is up to nine hundred ninety-seven thousand nine hundred seventy-five dollars (\$997,975.00) DHCF will award one (1) grant in the amount of no more than \$997,975.00. The grant period will be the date of the award to March 29, 2021.

Please note, respondents to the RFA will be permitted to sub-grant a portion of the work set forth under this RFA. For the purposes of this award, a sub-grant includes any legally-binding agreement between an awardee and sub-grantee. Please note this is the only opportunity to request sub-grant funding for the services funded under this RFA.

Section III: Eligibility Information

A) Qualified Organization

Applicants must meet the following eligibility requirements to apply for this grant:

1. Be organized under the District of Columbia Non-Profit Corporation Act (D.C. Official Code, sec. 29-401 *et seq.*) or organized as a Non-Profit organization in the jurisdiction where the entity is incorporated.
2. Have the authority to enter into an agreement with DHCF and be in compliance with applicable District of Columbia laws and regulations.
3. Be a registered organization in good standing with the DC Department of Consumer and Regulatory Affairs (DCRA), Corporation Division, the Office of Tax and Revenue (OTR), the Department of Employment Services (DOES), and the Internal Revenue Service (IRS), and demonstrate Clean Hands certification, by both DCRA and OTR, at the time of application.
4. Be an HIE entity, as defined under Chapter 87, District of Columbia Health Information Exchange, Title 29, DCMR, as an entity that creates or maintains an infrastructure that provides organizational and technical capabilities in a system to enable the secure, electronic exchange of health-related information among participating organizations not under common ownership.
5. Be a Registered HIE entity, as defined under Chapter 87, District of Columbia Health Information Exchange, Title 29, DCMR, operating in the District to facilitate patient care for District residents through the secure electronic exchange of health-related information among approved, qualifying partners according to nationally recognized standards.
6. Sub-grants are permitted for qualified organizations. Applicants who plan to sub-grant shall submit a sub-grantee plan as part of their response, including a signed letter of commitment from sub-grantees. Sub-grantees that are working to support the grant aims as described in this RFA are subject to all requirements described in Section III and must provide the applicant any documents and reports necessary for the applicant to fulfil all reporting requirements described in Section VI C. Sub-contractors that are simply providing supplies or services are not required to possess a certificate of good standing from DCRA.

B) Administrative Criteria

To be considered for review and funding, applications shall meet all of the administrative criteria listed below. **Failure to meet any one of the following criteria may mean the application is ineligible for further review and award.**

1. The application proposal format conforms to the “Proposal Format and Content” listed in Section IV.C of the RFA.
2. The application is printed on 8 ½ by 11-inch paper, double-spaced, double-sided, using 12-point type with a minimum of one-inch margins, with all pages numbered.
3. The Certifications listed in **Attachments A** are signed and dated.
4. Application must be submitted in a sealed envelope. Sealed envelopes must be clearly identified by the organization name, RFA number, and project name using the DHCF RFA Receipt (see **Attachment D**). **Unsealed and unidentified applications will not be accepted.**
5. The applicant shall submit five (5) hard-copies of their proposal and one (1) electronic copy submitted on a flash drive or CD. Of the five (5) hard copies, one (1) copy must be stamped “original.” The electronic copy must be submitted in .PDF format.
6. The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of Wednesday, March 25, 2020 to DHCF c/o Deniz Soyer, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk.

C) Privacy and Security

Grantee shall ensure all initiatives are built according to current industry standards and best practices regarding system performance, privacy, and system security. This includes ensuring technical policies and procedures are in place for electronic information systems that maintain electronic protected health information to allow access only to those persons or software programs that have been granted access rights as specified in 45 CFR § 164.308(a)(4) [Information Access Management]. (See **Attachment E** for Health Insurance Portability and Accountability Act of 1996 (HIPAA) Checklist).

Specifically, the Grantee shall adhere to the requirements below and demonstrate compliance at quarterly privacy and security meetings with the Office of the DHCF Privacy Officer and other DHCF staff:

- Ensure any and all protected health information (PHI) is only exchanged via point-to-point transmission;
- Establish protocols and/or have systems in place to prevent secondary use of data, unless it is related to approved population-based activities such as those related to improving health or healthcare costs, case management, and/or care coordination, among others;

- Develop and implement protocols, methodologies, and a monitoring approach designed to discover any unusual findings or unauthorized access, which can be identified with an audit of the user access logs. User access logs must be immutable or support non-repudiation (i.e., information in logs cannot be altered by anyone regardless of access privilege);
- Take affirmative and preventive action to protect a patient's PHI including sensitive health information from a breach or non-HIPAA violation;
- Comply, at minimum, with the most recent Level 2 requirements set forth by the National Institute of Standards and Technology (NIST) in the April 2006 Special Publication 800-63 (Version 1.0.2);
- Adopt and implement, where applicable, an authentication process that requires two-factor authentication with two characters that include a username and password, along with an additional security precaution, which may include a security question or a device registration;
- Assign a unique name and/or number for identifying and tracking user identity;
- Ensure all data stored to authenticate an authorized user is encrypted to the level set by industry best practices;
- Implement electronic procedures that terminate an electronic session after a predetermined time of inactivity generally not to exceed fifteen (15) minutes;
- Implement a mechanism to encrypt and decrypt electronic PHI at rest and in motion;
- Implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic PHI;
- Implement policies and procedures to protect electronic PHI from improper alteration or destruction;
- Establish policies and procedures for the appropriate notification and remediation activities, consistent with the Health Information Technology for Economic and Clinical Health Act (HITECH) Act of 2009, in the event of a data breach involving ePHI;
- Report to DHCF the results and provide a copy of the management letter of any outside privacy or security audits that the HIE entity engages in regularly or on an ad hoc basis; and
- Implement a written plan to ensure that the HIE entity's enrolled participating organizations conduct their own audit or review the HIE access logs relating to the participating organization within ten (10) days of receipt from the HIE entity.

D) Insurance

Where applicable, the applicant shall provide the name of all of its insurance carriers and the type of insurance provided (e.g., general liability insurance carrier, automobile insurance carrier, workers' compensation carrier, fidelity bond holder, cybersecurity liability).

E) Compliance with Tax Obligations

Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with tax laws and regulations.

1. The Applicant must submit a current completed W-9 form (see **Attachment B**) prepared for the U.S. Internal Revenue Service (IRS). DHCF defines “current” to mean that the document was completed within the same calendar year as that of the application date. Fillable W-9 forms can be found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.
2. The tax exemption affirmation letter is the IRS’s determination letter of non-profit status. If this letter is not available, then the Applicant should provide its most recent IRS Form 990 tax return, if one was submitted. If no return has yet been filed, the organization can submit its application for tax-exempt status. If the group has a supporting organization with an IRS tax-exempt status determination, then that organization’s tax exemption affirmation letter should also be submitted.
3. The Applicant shall comply, where applicable, with any District licensing requirements.

F) Statement of Certification

Applicant shall submit a Statement of Certification (see **Attachment A**), signed by the duly authorized officer of the applicant organization, the truth of which is sworn or attested to by the applicant, which states:

1. That the applicant has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department on behalf of the organization;
2. That the applicant is able to maintain adequate files and records and can and will meet all reporting requirements;
3. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
4. That all costs incurred under this grant shall be in accordance with 2 CFR Part 200, “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards”;
5. Whether the applicant, or where applicable, any of its officers, partners, principals, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
 - a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
 - i. Any crime or offense arising directly or indirectly from the conduct of the applicant’s organization, or

- ii. Any crime or offense involving financial misconduct or fraud; or
 - b. Been the subject of legal proceedings arising directly from the provision of services by the organization.
6. If any response to the disclosures referenced at (5.) is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances;
 7. That the applicant is in compliance with requirements set forth in D.C. Official Code § 1-328.15;
 8. That the applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia Office of Tax and Revenue (OTR) stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR;
 9. That the applicant has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance, and audit trail;
 10. That, if required by the Department, the applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
 11. That the applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR Part 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating agency;
 12. That the applicant has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;
 13. That the applicant has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
 14. That the applicant has a satisfactory record performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the applicant has

otherwise established that it has the skills and resources necessary to perform the grant;

15. That the applicant has a satisfactory record of integrity and business ethics;
16. That the applicant has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
17. That the applicant is in compliance with the applicable District licensing and tax laws and regulations;
18. That the applicant complies with provisions of the Drug-Free Workplace Act;
19. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and
20. That the applicant will, if successful, indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

G) Federal Assurances

Applicant shall submit a Federal Assurances Certification (see **Attachment G**), signed by the duly authorized officer of the applicant organization, the truth of which is sworn or attested to by the applicant, which states:

Applicant/Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB 2 CFR Part 200, that governs the application, acceptance and use of Federal funds for this federally-assisted project.

In addition, the Applicant/Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution motion or similar action has been duly adopted or passed as an official act of the Applicant/Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Applicant/Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.

3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act, if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the Federal grantor agency and the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood disaster Protection Act of 1973, PL 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended , Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 by (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Section 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Office of Justice Programs Hearing and Appeal Procedures; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors or subgrantees will comply with Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1993); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event of Federal or State court or Federal or State Administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, US. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier resources Act (PL 97-348) dated October 19, 1982, (16 USC 3501 et seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
16. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
 - a. The Health Insurance Portability and Accountability Act of 1996, PL 104-191;
 - b. The Hatch Act, Chap. 314, 24 Stat. 440 (7 USC 361a et seq.);
 - c. The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 USC 201 et seq.);
 - d. The Clean Air Act (sub-grants over \$100,000) PL 104-201, February 24, 2004, 42 USC chap. 85 et seq.;
 - e. The Occupational Safety and Health Act of 1970, PL 91-596, Dec. 29, 1970, 84 Stat.1590 (29 USC Chap. 15);
 - f. The Hobbs Act (Anti-Corruption), Chap. 537, 60 Stat. 420 (see 18 USC § 1951);
 - g. Equal Pay Act of 1963, PL 88-38, June 10, 1963, 77 Stat. 59 (29 USC 206);
 - h. Age Discrimination in Employment Act, PL 90-202, Dec. 15, 1967, 81 Stat. 602 (29 USC 621 et seq.);
 - i. Immigration Reform and Control Act of 1986, PL 99-603, Nov 6, 1986, 100 Stat. 3359, (8 USC 1101 et seq.);
 - j. Executive Order 12459 (Debarment, Suspension and Exclusion);
 - k. Medical Leave Act of 1993, PL 103-3, Feb. 5, 1993, 107 Stat. 6 (5 USC 6381 et seq.);
 - l. Lobbying Disclosure Act, PL 104-65, Dec. 19, 1995, 109 Stat. 693 (2 USC Chap. 26);

- m. Drug Free Workplace Act of 1988, PL 100-690, 102 Stat. 4304 (41 USC 701 et seq.);
- n. Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20;
- o. District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01; and
- p. District of Columbia Language Access Act of 2004, DC Law 15-414, D.C. Official Code § 2-1931 et seq.).

H) Certificate of Good Standing

Applicant and, if applicable, sub-grantee(s) shall represent that they are duly organized, validly existing, and in good standing under the laws of the jurisdiction they are organized or licensed, and they, their employees, agents, sub-grantees, representatives and members of their workforce are licensed and in good standing with the applicable agency, board, or governing body to perform their obligations. They shall also represent that they, their employees, agents, sub-grantees, representatives, and members of their workforce are in good standing with the District of Columbia, that they, their employees, agents, subcontractors, representatives and members of their workforce will submit a Certificate of Good Standing from the District of Columbia Department of Consumer and Regulatory Affairs, and that they, their employees, agents, sub-grantees, representatives, and members of their workforce have not been debarred from being employed as a Grantee by the federal government, the Government of the District of Columbia, or any government entity.

I) RFA Terms and Conditions

The terms and conditions of this RFA are as follows:

1. Funding for this award is contingent on availability of funds. The RFA does not commit DHCF to make an award;
2. DHCF reserves the right to accept or deny any or all applications if DHCF determines it is in the best interest of District to do so. DHCF shall notify the applicant if it rejects that applicant's proposal. DHCF may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or an applicable federal regulation or requirement;
3. DHCF reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA;
4. DHCF shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility;
5. DHCF may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended;

6. DHCF may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations;
7. Any and all data requested by DHCF and provided during the grant term shall be made available in a format as requested and/or approved by DHCF;
8. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance; and
9. Awardee will be required to participate in any DHCF-sponsored training related to this award.

J) Financial Management and System of Internal Controls

If selected for funding, the applicant must:

1. Establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the federal award. These internal controls should be in compliance with guidance in the "Standards for Internal Control in the Federal Government" issued by the Comptroller General of the United States and the "Internal Control Integrated Framework" issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO);
2. Comply with Federal statutes, regulations, and the terms and conditions of the Federal awards;
3. Evaluate and monitor the nonfederal entity's compliance with statute, regulations and the terms and conditions of the Federal awards; and
4. Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.

K) Funding Restrictions

Any award associated with this RFA is limited to the availability funds in Fiscal Year 2020 and Fiscal Year 2021 and the authority to appropriate those funds. Spending is restricted to line items in the approved budget in order to fulfill the requirements of the approved project plan.

Grant award money cannot be used for the following:

1. Duplication of services immediately available through city, or federal government;
2. Market research, advertising (unless public service related to grant program) or other promotional expenses; or
3. Expenses made prior to the approval of a proposal or unreasonable expenditures will not be reimbursed.

Section IV: Application and Submission Information

A) Pre-Application Conference

A pre-application conference is scheduled for Monday, March 2, 2020 from 1:00 to 2:00 p.m. at the Department of Health Care Finance (441 4th St. NW, 10th Floor, Main Street Conference Room, #1028, Washington, DC 20001).

B) Application Delivery

The applicant shall submit five (5) hard-copies of their proposal and one (1) electronic copy submitted on a flash drive or CD. Of the five (5) hard copies, one (1) copy must be stamped “original.” The electronic copy must be submitted in .PDF format.

The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of Wednesday, March 25, 2020 to DHCF c/o Deniz Soyer, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk. Two (2) copies of the DHCF RFA receipt (see **Attachment D**), with applicant information completed, should be stapled to the outside of the submission envelope.

Applications must be submitted in person and must be submitted in their entirety, including any supplemental documents as indicated in Section IV.C. Applicants will not be allowed to assemble application material on the premises of DHCF. All applicants will be provided with a hard copy receipt.

Applications submitted after the deadline will not be accepted. Any additions or deletions to an application will not be accepted after the deadline.

C) Application Requirements

The applicant shall prepare a response to this RFA with the following content and in the format described:

- a. Table of Contents
- b. Program Narrative
- c. Grant, Fiscal, and Financial Management
- d. Program Reporting
- e. Applicant and Subgrantee(s) Qualifications
- f. Proposed Budget and Budget Justification
- g. Attachments
 - Attachment A: Signed Statement of Certification
 - Attachment B: Completed Automated Clearing House form
- h. Appendices
 - Appendix 1: Proposed organizational chart
 - Appendix 2: Proposed staff job descriptions
 - Appendix 3: Proposed staff resumes
 - Appendix 4: List of District grants (FY18, FY19, and potential FY20)

Appendix 5: District of Columbia Business License
Appendix 6: District of Columbia Certificate of Good Standing
Appendix 7: List of insurance carriers
Appendix 8: Completed W-9 form
Appendix 9: Sub-grantee plan(s)
Appendix 10: Signed Letter(s) of Commitment from sub-grantee(s)
Appendix 11: Letters of Support (Optional)

Descriptions of each response element is detailed below:

a. Table of Contents

b. Program Narrative

The narrative section (limited to 15 pages) should describe the applicant's approach to design, develop and implement a consent management solution to enable the exchange of SUD data protected by 42 CFR Part 2 among organizations participating in the DC HIE.

Specifically, the narrative must:

1. Describe the proposed program's alignment with existing or ongoing DHCF initiatives, the District's Section 1115 Medicaid Behavioral Health Transformation Demonstration and behavioral health practice transformation initiatives associated with the District's CMS Provider Capacity Grant work, including provider capacity needs assessment, education and technical assistance to build provider capacity, and health IT infrastructure development among the District's behavioral health providers.
2. Articulate the applicant's approach to meeting the program requirements and grant objectives outlined in the RFA, including a milestones and deliverables chart with due dates, and organizational chart with identified personnel, including identifying a full-time project manager who is employed by the Grantee.
3. Describe the ways the qualified applicant will integrate and sustain ongoing implementation and maintenance of the consent management solution within existing HIE operations in the District. It must address outcomes and activities to be conducted over the entire project period, and describe an approach to gathering technical requirements, developing a consent management solution, and undertaking initial implementation with a subset of SUD providers to test and refine the platform prior to full widespread deployment.

4. Describe any existing or proposed partnerships (i.e., sub-grantees) or existing partnerships with District Agencies (i.e. District grants or contracts) that will assist in or align with the development and implementation of these initiatives, including a description of their qualifications and why they are necessary for the success of the proposed initiatives; and
5. Describe in detail the anticipated sustainability of the consent management solution beyond the period of performance of the grant.

c. Grant, Fiscal, and Financial Management

Describe how the applicant organization will provide sound grant and fiscal management for the project (limited to 3 pages), including experience in managing other grant funds. Include a summary of the grant, fiscal, and financial management systems currently in place that will support the initiatives included in this RFA.

d. Program Reporting

Propose progress and outcomes measures to be reported throughout the period of performance. Describe a methodology and capacity to collect baseline and ongoing data to report on proposed measures. Include details on how this approach incorporates District initiatives and priorities. Specify what measures will be reported on and what will be reported at the end of the grant.

Grantees must explain how their proposed approach incorporates District initiatives and priorities and furthers the goal of the CMS SUPPORT ACT Section 1003 to increase the treatment capacity of Medicaid providers to provide SUD treatment and recovery services.

DHCF reserves the right to require additional reporting prior to, and after, award of any grant.

e. Applicant and Subgrantee(s) Qualifications

Describe the capacity of the applicant organization and any subgrantees (limited to 3 pages per organization). Please include:

1. The organization's specific involvement and roles in the District's health system, behavioral health, and health information exchange. Be sure to include operational readiness, capabilities and demonstrated record on gathering technical requirements and assessing and documenting provider processes and workflows.

2. Describe the leadership capacity of your organization. Please include your organization's specific involvement and roles in the District's HIE efforts in the last five (5) years.
3. Discuss the applicant's history, experience, and/or knowledge your organization's mission and compatibility between your organization and the District Government, particularly DHCF. Please describe how the objectives of this RFA are compatible or will enhance your organization's mission and services goals in the District of Columbia. Additionally, please describe why your organization is "best" qualified to design and implement the District's consent management solution.
 - a. The applicant's project management approach, including contact information and qualifications of a full-time project manager who will be responsible for managing the project on time and on budget.
4. The applicant's operational readiness and capabilities to leverage HIE for the collection and exchange of SUD data protected by 42 CFR Part 2 among organizations participating in the DC HIE.
5. Letters of support are optional but may be submitted in Appendix 11.

f. Program Budget and Budget Justification

The applicant shall provide a line-item budget and budget narrative justification, including any matching funding provided. The budget narrative justification should clearly state how the applicant arrived at the budget figures. The budget will include separate line items for specific direct and indirect grant expenses. An example budget template is provided (see **Attachment D**) but its use is not required.

g. Attachments

Fillable PDF versions of the Certifications (**Attachment A**) and Automated Clearing House form (**Attachment C**), HIPAA Security Checklist (**Attachment E**) are available as part of the application packet published with this RFA. All attachments shall be completed and included in the applicant's response.

h. Appendices

The applicant shall provide a proposed organizational chart (Appendix 1), proposed staff job descriptions (Appendix 2), and proposed staff resumes (Appendix 3).

Appendix 4 of the response shall include a list of any grants received in FY18, FY19, and/or any expected grants to be received in FY20 from the District Government. This

list shall state the District Government entity providing the grant, description of the SOW, the total grant amount, and the timeframe for the grant.

The applicant shall provide their District of Columbia Business License (Appendix 5) and is strongly encouraged to provide their District of Columbia Certificate of Good Standing (Appendix 6). While a District of Columbia Certificate of Good Standing is not required as part of the RFA response, a District of Columbia Certificate of Good Standing must be provided prior to the award of any grant to selected applicant(s). According to the District Department of Consumer and Regulatory Affairs (DCRA), an organization registered in another state or country that seeks to transact business in the District of Columbia must obtain authority by filing an application for foreign registration. DCRA's Corporations Division has an expedited one day filing process for a fee in addition to regular filing fees.

Where applicable, the applicant shall provide a list of all of its insurance carriers and the type of insurance provided (Appendix 7).

The applicant shall provide a current completed W-9 form prepared for the U.S. IRS (Appendix 8). DHCF defines "current" to mean that the document was completed within the same calendar year as that of the application date. Fillable W-9 forms can be found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

Sub-grants are permitted for qualified organizations. Applicants who plan to sub-grant shall submit sub-grantee plan(s) (Appendix 9) and signed Letter(s) of Commitment from sub-grantee(s) (Appendix 10).

The applicant may submit optional letters of support (Appendix 11).

Section V: Application and Review Information

A) Initial Review

Submitted applications will be screened for completeness. The initial review criteria are:

1. Is the applicant an eligible organization?
2. Does the application request not exceed the total amount of funds available as specified Section II?
3. Was the application received on time and delivered in the format described in Section IV, subsection B?

4. Was the application submitted with all required elements outlined in section IV, subsection C of the RFA document?

Applications that satisfy all the above criteria will move forward to the review committee. Applications that do not meet any one of the above requirements may be disqualified.

B) Review Criteria

All applications that are complete and meet the eligibility and administrative criteria listed in Section III will be reviewed and scored by a panel of internal or external reviewers. The panel of reviewers are neutral, qualified, professionals selected by the DHCF Office of the Director for their unique expertise in behavioral health, data privacy, health IT, health information exchange, and Medicaid.

Each panelist will individually and objectively review, score, and rank each applicant's proposal according to the four evaluation criteria listed below:

Scoring Criteria	Total Possible Points
Criteria 1: Organizational Structure and Project Leadership	
The applicant provides a staffing plan that outlines staff and sub-grantee's level of effort as well as duties and responsibility in relation to the scope of work. The staffing plan should include the following: <ul style="list-style-type: none">• A description of all staff and/or positions to be used to perform the work under the RFA;• Resumes of proposed key staff, including the full-time project manager who is employed by the grantee, and job descriptions for any additional key positions;• An organizational chart, including any potential sub-grantees, showing clear lines of authority and responsibility;• Level of commitment (FTE) of each staff person for the duration of the grant, including option years; and• The applicant provides clear discussion of how the organizational structure supports the objectives under this RFA.	5
The applicant must demonstrate that the proposed staff has previous experience with similar work as is being proposed and has the ability to achieve the objectives of the RFA as described. The applicant demonstrates that the proposed staff for the project has an expert level of knowledge of overall project management and technology implementation, and subject matter expertise in data privacy, behavioral health data, health information exchange, healthcare workflow assessment, user experience and system design, and implementing the technical solutions in a clinical setting.	10

Scoring Criteria	Total Possible Points
Criteria 2: Process, Plans, Operational Readiness, and Capacity. The applicant describes how the HIE entity's organization's history, experience, knowledge, capacity, and capability will support the ability to successfully implement a consent management solution in the District that incorporates the following four objectives:	
Plan and Gather Technical Requirements to Develop a Consent Management Solution for Behavioral Health - The applicant demonstrates methodology and capacity to gather technical design requirements to develop a consent management solution to enable the exchange of SUD data. The applicant demonstrates expertise and experience to plan and design a consent management solution that ensures provider and patient needs are met.	15
Review, Recommend, and Select Consent Management Solution– The applicant demonstrates operational readiness and knowledge to review, recommend, and select an appropriate consent management solution that will meet the technical requirements identified in Objective 1.	15
Implement Consent Management Solution – The applicant proposes a realistic, innovative, and achievable approach to implement a consent management solution with a subset of provider entities treating SUD patients. Implementation efforts shall ensure seamless workflow integration and successful resolution of any technical issues.	15
Engage Stakeholders to Meet the Ongoing Needs and Expectations – The applicant demonstrates a comprehensive plan to coordinate closely with end users of the system and other stakeholders including DHCF, District Agencies, and Other Government Projects Supporting HIE and Behavioral Health.	15
Criteria 3: Potential for Impact and Alignment with District Health Priorities	
The applicant demonstrates an understanding of ongoing District health IT and HIE priorities and aligns the proposed objectives of the consent management solution with the District's SMHP, as well as other District strategic planning efforts such as DC Healthy People 2020, the DC Health System Plan, the State Innovation Plan, and DC's Opioid Strategic Plan.	2
The applicant demonstrates the potential for positive impact of the program and an understanding of the ways HIE can address the needs of District behavioral health providers and residents.	4
The applicant demonstrates an understanding of ongoing District initiatives to support behavioral health practice transformation, such as increasing the capacity of Medicaid providers to deliver SUD treatment; recruitment, training, and technical assistance for Medicaid providers that offer SUD treatment or recovery	4

Scoring Criteria	Total Possible Points
services, and health IT infrastructure to enhance behavioral health delivery. The applicant aligns proposed activities these initiatives.	
Criteria 4: Fiscal Management and Sustainability	
The applicant describes the grant, fiscal, and financial management system in place, qualifications of systems management staff, and experience with grant monitoring and reporting functions within the last five (5) years.	5
The applicant describes how the fiscal and financial management system ensures all expenditures are accurately tracked, reported, and reconciled for the grant period and a description of current streams of income and any plans to diversity or grow in the future.	5
The applicant presents a reasonable plan for the long-term financial sustainability of the consent management solution, without substantial grant funding post-grant period.	5
Maximum Number of Points	100

The individual scores of the review panel will be averaged and each application submitted will be classified into one of four categories below based on the averaged score:

Ranking Classification	Point Range
<i>Most Qualified</i>	95 – 100
<i>Very Qualified</i>	80 – 94
<i>Qualified</i>	70 – 79
<i>Minimally Qualified</i>	69 and below

The grantee will be selected from among the applications that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DHCF may select from the “Very Qualified” and/or “Qualified” categories.

Scoring and the recommendations of the review panel are advisory. The final decision to fund an application rests with the DHCF Office of the Director. If the Office of the Director does not follow the panel’s recommendations, the Director shall provide written justification as required by District regulations.

C) Organizational Capacity and Risk Assessment

If the applicant’s organization is preliminarily selected for this award, the applicant will be contacted by a representative from DHCF and a letter of intent will be issued. At this time, the applicant will be required to provide specific documents and certifications as well as undergo

an organizational capacity and risk assessment. The applicant must comply with this review before a final award offer can be made.

As part of the organizational capacity and risk assessment, the applicant must comply with a financial capacity review and may be required to provide copies of:

- IRS Form 990 or 990EZ covering the last two years preceding the pre-award stage;
- Financial statements covering the six-month period preceding the pre-award stage (whether prepared monthly or quarterly);
- Any audit reports prepared as a result of a visit by a federal agency;
- Approved Federal Indirect Cost Rate agreement (for applicants claiming indirect expenses greater than 10%).

DHCF may require the applicant to provide additional documents or information to facilitate the organizational capacity and risk assessment as outlined in the list below. This list may not be comprehensive and DHCF reserves the right to require additional documents or other information to complete its organizational capacity and risk assessment:

- ☒ Insurance certificate (or self-insurance letter) for all forms of insurance (except employee benefits) (annual renewal waivers must be submitted);
- ☒ IRS determination letter for all 501 designated organizations;
- ☒ Applicant organization's by-laws;
- ☒ Applicant organization's Board of Directors roster (includes names, addresses, phone number);
- ☐ Applicant organization's conflict of interest policy;
- ☒ Certification that the applicant's organization has written Policies and Procedures for accounting, personnel, procurement, travel, and property management
- ☐ Other documents as required: _____

Do not submit these documents with your application. The applicant will only be required to provide these documents if DHCF issues a letter of intent.

These documents must be submitted by the deadline specified in the letter of intent. Failure to respond to DHCF in a timely manner and/or failure to submit the documents and certifications to DHCF by the deadline may result in the grant offer being rescinded.

D) Anticipated Announcement and Award Dates

The anticipated announcement date is April 30, 2020 (typically 1 month after applications due but should be adjusted for grant staff capabilities). The anticipated date of award is April 30,

2020. Both successful and unsuccessful applicants will be notified in writing of the selection decision prior to the award date.

Section VI: Award Information

A) Award Notices

DHCF will provide the successful applicant(s) with a Notice of Grant Agreement (NOGA). The NOGA(s) shall be signed and returned to DHCF within 10 business days. Unsuccessful applications will be notified in writing. Grant proceeds will only be paid after receipt of the signed NOGA.

B) Programmatic, Administrative, and National Policy Requirements

The Grantee will be held to strict milestones and requirements in order to receive the full amount of the grant. This will be based on a DHCF-approved Work Plan, which shall be submitted to DHCF within thirty (30) calendar days after receipt of the award.

C) Reporting

The grantee will be required to submit monthly programmatic and financial reports and financial requests for reimbursement. The programmatic reports will indicate the status of goals and performance measures, as well as any successes or challenges encountered during the report period. It will include a comparison of actual accomplishments to goals outlined in the grant proposal. The financial reports are annotated source documents corroborating project expenditures. They will indicate the status of program spending by category and will be submitted along with all financial requests for reimbursement, including receipts, invoices or other documentation of incurred grant expenses. Programmatic and financial reports are due no later than the 10th after the end of the reported month and totals must match across both reports.

The grantee will be required to submit a final programmatic report and a final financial report within thirty (30) calendar days after the end of the period of performance or end of the grant agreement. The final programmatic report will include a review of the initiative, work conducted by the grantee (and subgrantees), status of goals and performance measures, plans for how the initiative will be leveraged in the future, and recommendations to DHCF, if any, based on the grant. The final financial report will include detailed accounting of all grant expenditures over the grant period.

Grant applicants are expected to complete the reports listed above on time and show adequate progress at each reporting interval. Failure to meet these requirements may result in

withholding of grant funds and/or termination of the grant due to non-performance or lack of capacity.

D) Payment

Upon award, DHCF shall provide funding to the Grantee(s) according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and Terms. All payments associated with this grant will be made through an Automated Clearing House (see **Attachment C**).

Section VII: DC Agency Contacts

For additional information regarding this RFA, please contact Deniz Soyer, Health Care Reform & Innovation Administration via email at deniz.soyer@dc.gov or by phone at (202) 442-4625.

Section VIII: Attachments

Fillable PDF versions of all the attachments are available as part of the application packet published with this RFA. All attachments shall be completed and included in the applicant's response.

Attachments included in the separate PDF available as part of the application packet published with this RFA include:

- A) Certifications
- B) W-9 Form
- C) Automated Clearing House Form
- D) Program Budget and Budget Justification Template
- E) HIPAA Checklist
- F) DHCF RFA Receipt
- G) Federal Assurances

A) Certifications

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH CARE FINANCE (DHCF)



Statement of Certification

- A. Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required by the Grant Administrator;
- D. All costs incurred under this grant must be in accordance with the Office of Management and Budget (OMB) Circular A-122, "Cost Principles for Non-Profit Organizations."
- E. Applicant/Grantee states whether it, or where applicable, any of its officers, partners, principles, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
 - a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
 - i. Any crime or offense arising directly or indirectly from the conduct of the applicant's organization, or
 - ii. Any crime or offense involving financial misconduct or fraud; or
 - b. Been the subject of legal proceedings arising directly from the provision of services by the organization.
- F. If any response to the disclosures referenced in (E.) is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances.
- G. Applicant/Grantee is in compliance with D.C. Official Code § 1-328.15.
- H. Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and

has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)

- I. Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- J. That, if required by the grant making Agency, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- K. That the Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- L. That the Applicant/Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;
- M. That the Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- N. That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Applicant/Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Applicant/Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website.
- O. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- P. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- Q. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- R. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- S. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- T. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or

sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above certifications.

Applicant/Grantee Name

City _____ State _____ Zip Code _____
Street Address

RFA Number

Applicant IRS Number

Signature: _____

Date: _____

Name and Title of Authorized Representative: _____

B) W-9 Form

Form W-9 (Rev. August 2013) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.
Print or type See Specific instructions on page 2	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► _____ <input type="checkbox"/> Other (see instructions) ► _____	
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.		
Part II Certification Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.		
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.		
Sign Here	Signature of U.S. person ► _____ Date ► _____	
General Instructions Section references are to the Internal Revenue Code unless otherwise noted. Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9 . Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.		
Purpose of Form A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:		
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued). 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the		
withholding tax on foreign partners' share of effectively connected income, and 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9. Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are: • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.		

Cat. No. 102510X

 Form **W-9** (Rev. 8-2013)

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if he or she stays in the United States exceeds 181 calendar days. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(ii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee codes. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Notes. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 8 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$500 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(c)(3) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS Individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Notes. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting irs.gov or by calling 1-800-TAX-FORM (1-800-829-5579).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 90 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 90-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Notes. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ⁴
6. Grantor trust filing under Optional Form 1066 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor ⁵
For this type of account:	Give name and EIN or:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁶
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1066 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

⁵Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to resolve a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via email. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at spam@ftc.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

C) Automated Clearing House Form

For agency use only: PASS-generated VMI# _____	
ACH VENDOR PAYMENT ENROLLMENT FORM Section A	
New Form <input type="checkbox"/>	Correction/Change <input type="checkbox"/>
Cancellation <input type="checkbox"/>	
Vendor/Payee/Company Information	
Vendor Name* _____	EIN or SSN* _____
Vendor Number* _____	
Address* _____	
Vendor Contact Name* _____	Vendor Contact Phone Number* _____
Alternative Phone Number _____	
*Required	
<p>I (we) hereby authorize the District of Columbia to initiate credit entries to my (our) account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the District of Columbia to direct the financial institution to return said funds. This authorization is to remain in effect until the District of Columbia receives written notification of revocation.</p> <p>Name & Title of Authorizing Official for Vendor (Please type or print) _____</p> <p>Signature of Authorizing Company Official for Vendor _____</p> <p>Date _____</p>	
Section B	
<i>Payments should be made to the depository account named below</i>	
Bank/Financial Institution Information (to be reviewed and signed by Vendor's Financial Institution)	
Bank/Financial Institution Name _____	Account Title _____
Branch Address _____	Phone Number _____
9-digit Transit Routing Number _____	
Bank's ACH Coordinator _____	Telephone Number _____
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Signature & Title of Banking Official _____	
Print Name & Title _____	
Notice: All vendors must have a W-9 on file with the District of Columbia	
ACH Enrollment Form	District of Columbia Office of Finance & Treasury
MAY 2008	

D) Program Budget and Budget Justification Template

Department of Health Care Finance

Budget Projection [RFA #Grant Name]

GRANT SPENDING PLAN				
		Grant Name		
RFA INITIATIVE	DESCRIPTION	PLANNE	BUDGET NARRATIVE / JUSTIFICATION	
Initiative #1	[Insert brief description]	SUBTOTAL 0.00		
SUB-TASKS				
#	Description	Direct Expenses	Indirect Expenses	Narrative / Justification
001		0.00	0.00	
002		0.00	0.00	
Etc.		0.00	0.00	
Initiative #2	[Insert brief description]	SUBTOTAL 0.00		
SUB-TASKS				
#	Description	Direct Expenses	Indirect Expenses	Narrative / Justification
001		0.00	0.00	
002		0.00	0.00	
Etc.		0.00	0.00	
Initiative #3	[Insert brief description]	SUBTOTAL 0.00		
SUB-TASKS				
#	Description	Direct Expenses	Indirect Expenses	Narrative / Justification
001		0.00	0.00	
002		0.00	0.00	
Etc.		0.00	0.00	
Initiative #4	[Insert brief description]	SUBTOTAL 0.00		
SUB-TASKS				
#	Description	Direct Expenses	Indirect Expenses	Narrative / Justification
001		0.00	0.00	
002		0.00	0.00	
Etc.		0.00	0.00	
Initiative #5	[Insert brief description]	SUBTOTAL 0.00		
SUB-TASKS				
#	Description	Direct Expenses	Indirect Expenses	Narrative / Justification
001		0.00	0.00	
002		0.00	0.00	
Etc.		0.00	0.00	
		DIRECT EXPENSE TOTAL:	\$0.00	
		INDIRECT EXPENSE TOTAL:	\$0.00	
		GRAND TOTAL:	\$0.00	
		INDIRECT RATE:	#DIV/0!	
Prepared By:				
Telephone:				

E) HIPAA Security Checklist

HIPAA Security Checklist



HIPAA SECURITY RULE REFERENCE	SAFEGUARD (R) = Required; (A) = Addressable	STATUS (Complete, N/A, etc.)
<i>Administrative Safeguards</i>		
164.308(a)(1)(i)	Security Management Process: Implement policies and procedures to prevent, detect, contain, and correct security violations.	
164.308(a)(1)(ii)(A)	Has a Risk Analysis been completed IAW NIST Guidelines? (R)	
164.308(a)(1)(ii)(B)	Has the Risk Management process been completed IAW NIST Guidelines? (R)	
164.308(a)(1)(ii)(C)	Do you have formal sanctions against employees who fail to comply with security policies and procedures? (R)	
164.308(a)(1)(ii)(D)	Have you implemented procedures to regularly review records of IS activity such as audit logs, access reports, and security incident tracking? (R)	
164.308(a)(2)	Assigned Security Responsibility: Identify the security official who is responsible for the development and implementation of the policies and procedures required by this subpart for the entity.	
164.308(a)(3)(i)	Workforce Security: Implement policies and procedures to ensure that all members of its workforce have appropriate access to EPHI, as provided under paragraph (a)(4) of this section, and to prevent those workforce members who do not have access under paragraph (a)(4) of this section from obtaining access to electronic protected health information (EPHI).	
164.308(a)(3)(ii)(A)	Have you implemented procedures for the authorization and/or supervision of employees who work with EPHI or in locations where it might be accessed? (A)	
164.308(a)(3)(ii)(B)	Have you implemented procedures to determine that the Access of an employee to EPHI is appropriate? (A)	

164.308(a)(3)(ii)(C)	Have you implemented procedures for terminating access to EPHI when an employee leaves you organization or as required by paragraph (a)(3)(ii)(B) of this section? (A)	
164.308(a)(4)(i)	Information Access Management: Implement policies and procedures for authorizing access to EPHI that are consistent with the applicable requirements of subpart E of this part.	
164.308(a)(4)(ii)(A)	If you are a clearinghouse that is part of a larger organization, have you implemented policies and procedures to protect EPHI from the larger organization? (A)	
164.308(a)(4)(ii)(B)	Have you implemented policies and procedures for granting access to EPHI, for example, through access to a workstation, transaction, program, or process? (A)	
164.308(a)(4)(ii)(C)	Have you implemented policies and procedures that are based upon your access authorization policies, established, document, review, and modify a user's right of access to a workstation, transaction, program, or process? (A)	
164.308(a)(5)(i)	Security Awareness and Training: Implement a security awareness and training program for all members of its workforce (including management).	
164.308(a)(5)(ii)(A)	Do you provide periodic information security reminders? (A)	
164.308(a)(5)(ii)(B)	Do you have policies and procedures for guarding against, detecting, and reporting malicious software? (A)	
164.308(a)(5)(ii)(C)	Do you have procedures for monitoring login attempts and reporting discrepancies? (A)	
164.308(a)(5)(ii)(D)	Do you have procedures for creating, changing, and safeguarding passwords? (A)	
164.308(a)(6)(i)	Security Incident Procedures: Implement policies and procedures to address security incidents.	
164.308(a)(6)(ii)	Do you have procedures to identify and respond to suspected or know security incidents; mitigate to the extent practicable, harmful effects of known security incidents; and document incidents and their outcomes? (R)	
164.308(a)(7)(i)	Contingency Plan: Establish (and implement as needed) policies and procedures for responding to an emergency or other occurrence (for example, fire, vandalism, system failure, and natural disaster) that damages systems that contain EPHI.	
164.308(a)(7)(ii)(A)	Have you established and implemented procedures to create and maintain retrievable exact copies of	

	EPHI? (R)	
164.308(a)(7)(ii)(B)	Have you established (and implemented as needed) procedures to restore any loss of EPHI data that is stored electronically? (R)	
164.308(a)(7)(ii)(C)	Have you established (and implemented as needed) procedures to enable continuation of critical business processes and for protection of EPHI while operating in the emergency mode? (R)	
164.308(a)(7)(ii)(D)	Have you implemented procedures for periodic testing and revision of contingency plans? (A)	
164.308(a)(7)(ii)(E)	Have you assessed the relative criticality of specific applications and data in support of other contingency plan components? (A)	
164.308(a)(8)	Have you established a plan for periodic technical and non-technical evaluation, based initially upon the standards implemented under this rule and subsequently, in response to environmental or operational changes affecting the security of EPHI that establishes the extent to which an entity's security policies and procedures meet the requirements of this subpart? (R)	
164.308(b)(1)	Business Associate Contracts and Other Arrangements: A covered entity, in accordance with Sec. 164.306, may permit a business associate to create, receive, maintain, or transmit EPHI on the covered entity's behalf only if the covered entity obtains satisfactory assurances, in accordance with Sec. 164.314(a) that the business associate appropriately safeguard the information.	
164.308(b)(4)	Have you established written contracts or other arrangements with your trading partners that documents satisfactory assurances required by paragraph (b)(1) of this section that meets the applicable requirements of Sec. 164.314(a)? (R)	
Physical Safeguards		
164.310(a)(1)	Facility Access Controls: Implement policies and procedures to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed.	
164.310(a)(2)(i)	Have you established (and implemented as needed) procedures that allow facility access in support of restoration of lost data under the disaster recovery plan and emergency mode operations plan in the event of an emergency? (A)	
164.310(a)(2)(ii)	Have you implemented policies and procedures to safeguard the facility and the equipment therein	

	from unauthorized physical access, tampering, and theft? (A)	
164.310(a)(2)(iii)	Have you implemented procedures to control and validate a person's access to facilities based on their role or function, including visitor control, and control of access to software programs for testing and revision? (A)	
164.310(a)(2)(iv)	Have you implemented policies and procedures to document repairs and modifications to the physical components of a facility, which are related to security (for example, hardware, walls, doors, and locks)? (A)	
164.310(b)	Have you implemented policies and procedures that specify the proper functions to be performed, the manner in which those functions are to be performed, and the physical attributes of the surroundings of a specific workstation or class of workstation that can access EPHI? (R)	
164.310(c)	Have you implemented physical safeguards for all workstations that access EPHI to restrict access to authorized users? (R)	
164.310(d)(1)	Device and Media Controls: Implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain EPHI into and out of a facility, and the movement of these items within the facility.	
164.310(d)(2)(i)	Have you implemented policies and procedures to address final disposition of EPHI, and/or hardware or electronic media on which it is stored? (R)	
164.310(d)(2)(ii)	Have you implemented procedures for removal of EPHI from electronic media before the media are available for reuse? (R)	
164.310(d)(2)(iii)	Do you maintain a record of the movements of hardware and electronic media and the person responsible for its movement? (A)	
164.310(d)(2)(iv)	Do you create a retrievable, exact copy of EPHI, when needed, before movement of equipment? (A)	
Technical Safeguards		
164.312(a)(1)	Access Controls: Implement technical policies and procedures for electronic information systems that maintain EPHI to allow access only to those persons or software programs that have been granted access rights as specified in Sec. 164.308(a)(4).	
164.312(a)(2)(i)	Have you assigned a unique name and/or number for identifying and tracking user identity? (R)	
164.312(a)(2)(ii)	Have you established (and implemented as needed) procedures for obtaining for obtaining necessary EPHI during and emergency? (R)	

164.312(a)(2)(iii)	Have you implemented procedures that terminate an electronic session after a predetermined time of inactivity? (A)	
164.312(a)(2)(iv)	Have you implemented a mechanism to encrypt and decrypt EPHI? (A)	
164.312(b)	Have you implemented Audit Controls, hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use EPHI? (R)	
164.312(c)(1)	Integrity: Implement policies and procedures to protect EPHI from improper alteration or destruction.	
164.312(c)(2)	Have you implemented electronic mechanisms to corroborate that EPHI has not been altered or destroyed in an unauthorized manner? (A)	
164.312(d)	Have you implemented Person or Entity Authentication procedures to verify that a person or entity seeking access EPHI is the one claimed? (R)	
164.312(e)(1)	Transmission Security: Implement technical security measures to guard against unauthorized access to EPHI that is being transmitted over an electronic communications network.	
164.312(e)(2)(i)	Have you implemented security measures to ensure that electronically transmitted EPHI is not improperly modified without detection until disposed of? (A)	
164.312(e)(2)(ii)	Have you implemented a mechanism to encrypt EPHI whenever deemed appropriate? (A)	

F) DHCF RFA Receipt

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH CARE FINANCE (DHCF)**



Application Receipt

RFA: Hospital Discharge Innovations to Improve Care Transitions

**** ATTACH TWO (2) COPIES OF THIS RECEIPT TO THE OUTSIDE OF THE ENVELOPE****

The DC Department of Health Care Finance is in receipt of:

(Contact Name)

(Organization Name)

(Address, City, State, Zip Code)

(Telephone/Email)

[DHCF USE ONLY]

Date Received: ____/____/____

Time Received: ____/____/____

of Copies received: _____

Received by: _____

G) Federal Assurances

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH CARE FINANCE (DHCF)



Statement of Certification

Applicant/Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB 2 CFR Part 200 that governs the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant/Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution motion or similar action has been duly adopted or passed as an official act of the Applicant/Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Applicant/Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act, if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.

6. It will give the Federal grantor agency and the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood disaster Protection Act of 1973, PL 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended, Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 by (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Section 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Office of Justice Programs Hearing and Appeal Procedures; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors or subgrantees will comply with Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1993); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event of Federal or State court or Federal or State Administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, US. Department of Justice.

14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier resources Act (PL 97-348) dated October 19, 1982, (16 USC 3501 et seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
16. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
 - a. The Health Insurance Portability and Accountability Act of 1996, PL 104-191;
 - b. The Hatch Act, Chap. 314, 24 Stat. 440 (7 USC 361a et seq.);
 - c. The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 USC 201 et seq.);
 - d. The Clean Air Act (sub-grants over \$100,000) PL 104-201, February 24, 2004, 42 USC chap. 85 et seq.;
 - e. The Occupational Safety and Health Act of 1970, PL 91-596, Dec. 29, 1970, 84 Stat.1590 (29 USC Chap. 15);
 - f. The Hobbs Act (Anti-Corruption), Chap. 537, 60 Stat. 420 (see 18 USC § 1951);
 - g. Equal Pay Act of 1963, PL 88-38, June 10, 1963, 77 Stat. 59 (29 USC 201);
 - h. Age Discrimination in Employment Act, PL 90-202, Dec. 15, 1967, 81 Stat. 602 (29 USC 621 et seq.);
 - i. Immigration Reform and Control Act of 1986, PL 99-603, Nov 6, 1986, 100 Stat. 3359, (8 USC 1101 et seq.);
 - j. Executive Order 12459 (Debarment, Suspension and Exclusion);
 - k. Medical Leave Act of 1993, PL 103-3, Feb. 5, 1993, 107 Stat. 6 (5 USC 6381 et seq.);
 - l. Lobbying Disclosure Act, PL 104-65, Dec. 19, 1995, 109 Stat. 693 (2 USC Chapter 26);
 - m. Drug Free Workplace Act of 1988, PL 100-690, 102 Stat. 4304 (41 USC 701 et seq.);
 - n. Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20;
 - o. District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01;
 - p. District of Columbia Language Access Act of 2004, DC Law 15-414, D.C. Official Code § 2-1931 et seq.).

As a duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above Federal statutes, regulations, policies, guidelines and requirements.

Applicant/Grantee Name

_____ City _____ State _____ Zip Code _____

Street Address

RFA Number

Applicant IRS Number

Printed Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date: _____